

# Public Transportation Subsidy Program Cash Reimbursement Certification

Form: **11664-D**

**I hereby certify the following for my monthly/quarterly reimbursement:**

- (1) I am eligible for a public transportation fare benefit.
- (2) I understand that if I am issued a parking permit in a location where parking spaces are limited, my local facilities Management Branch Contact may need to revoke my parking permit.
- (3) The reimbursement I am receiving is my actual monthly/quarterly expense for mass transit or qualified vanpool commuting cost not exceeding the maximum transit subsidy amount per month/quarter.
- (4) I realize I am receiving a cash reimbursement (*in the form of a check*) only because fare media was not readily available.
- (5) This certification supersedes the certification I made on my initial application.

**Participants of Vanpools are also certifying that their vanpool meets the following requirements:**

- Vanpool Criteria: (1) Any highway vehicle with a seating capacity of at least 6 adults (not including the driver), and
- (2) at least 80% of the vehicle's mileage use should be for purposes of transporting employees in connection with travel between their residences and their permanent POD's, and
  - (3) the number of employees transported is at least 50% of the adult seating capacity of such vehicle (not including the driver).

Last Name <i>(required)</i>	First Name <i>(required)</i>	Middle Initial
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Home Address <i>(Street address preferred over P.O. Box)</i>
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City	State	Zip Code
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PTSP Employee ID Number <i>(required)</i>	Office Telephone Number <i>(Include Area Code, required)</i>	Transit Company Name <i>(if applicable)</i>
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Are you currently receiving fare media ( <i>i.e. Vouchers, Tokens, Passes</i> ) <input type="checkbox"/> No <input type="checkbox"/> Yes	Is your pass or fare media time sensitive? (expires in 30 days or less) <input type="checkbox"/> No <input type="checkbox"/> Yes
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**Organization – Treasury Inspector General for Tax Administration**

<b>Reason(s) for Reimbursement</b> <input type="checkbox"/> Private Vanpool – does not accept fare media <input type="checkbox"/> Public Vanpool – does not accept fare media <input type="checkbox"/> Transit company (other than vanpool) does not accept Fare media <input type="checkbox"/> DOT was late with or ran out of fare media <input type="checkbox"/> New hire or new applicant (Must attach Form 11664-A)	<input type="checkbox"/> Fare Increase (Must attach Form 11664-C) <input type="checkbox"/> Back – (e.g. furlough/part-time/seasonal) <input type="checkbox"/> Not on DOT's mailing distribution list <input type="checkbox"/> Discounted/Special Pass (e.g. disability, senior citizen) <input type="checkbox"/> Transfer fee (not included with fare media) <input type="checkbox"/> Other (please explain)
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**Check the entire quarter or month(s) of reimbursement, and annotate the year here:** \_\_\_\_\_ *(e.g. 2014)*

<input type="checkbox"/> Quarter 1: October, November, December	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December
<input type="checkbox"/> Quarter 2: January, February, March	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March
<input type="checkbox"/> Quarter 3: April, May, June	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> Quarter 4: July, August, September	<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September

Employee Signature	Date Signed <i>(required)</i>	Total Reimbursement Amount
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**Approving Official** *(Manager of record. Do not use initials or nicknames.)*

Name <i>(required)</i>	Phone Number <i>(Include area code, required)</i>	Manager's Email Address
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Signature
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Case reimbursements are issued in arrears on a quarterly basis. Participant has 30 days after the end of the quarter to submit Form 11664-D to the Transit Specialist for reimbursement of actual expenses incurred in the previous quarter.

**E-Mail your completed form to: [Coral Davis](mailto:Coral.Davis@dot.gov) Phone: (202) 622-6500**

**Privacy Act Statement**

This information is solicited under authority of 5 U.S.C 301. Furnishing the information is voluntary, but failure to provide all or part of the information may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. Information in this record may periodically be used to ensure that the amount of subsidy requested and received by you is proper. This information may be disclosed to the Department of Transportation to perform its duties under an interagency agreement. Making a false, fictitious or fraudulent certification may render you subject to criminal prosecution under Title 18; United States Code, Section 1001, Civil Penalty Action; providing for administrative recoveries of up to \$10,000 per violation; and/or agency disciplinary actions up to and including dismissal.